

Enterprise Technology Services Department

Public Access

MIAMI DADE COUNTY
5680 SW 87th AVE., MIAMI, FL. 33173-1699
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publicaccess@miamidade.gov

DATE ORDERED: _____ INV#: _____
(COUNTY USE ONLY)
CUSTOMER NAME: _____
(Please Print All)
COMPANY NAME: _____
ADDRESS: _____
(City) (St.) (Zip)
PHONE #: _____ EXT _____ FAX # _____
EMAIL ADDRESS: _____
(Please Print All)

ORDER FORM: (SELECT & ENTER THE QUANTITY THAT APPLIES) TOTAL \$

_____ **AERIAL PHOTOS 2001** (DIGITAL FORM) _____ **ENTIRE SET 44CD'S** (\$1,150.00)
(1ST CD-\$75, ADDITIONAL CD'S \$25. 27 Photos a CD. Please write your criteria below.)

_____ **AERIAL PHOTOS 2003** (DIGITAL FORM) _____ **ENTIRE SET** (300G-USB Ext HD \$2000.00)

_____ **ATTORNEY SEARCH** (REPORT) _____ CIVIL (\$40) _____ CRIMINAL (\$75)
(Include Name & Bar #, in the selection criteria. Up to 8, included in one charge.)

_____ **CRIME STATISTICS/GRIDS** (\$30-report)(\$40-CD) PER CALENDAR YEAR JAN.-DEC.
(Include Address, City, Zip, and Year(s), in selection criteria. Up to 8 addresses in one charge.)

(THE DATA BELOW IS DONE IN FIXED LENGTH ASCII)

_____ **ENTIRE PROPERTY FILE** (\$310) _____ **PROPERTY EXTRACT** (\$145)
(Please write your criteria below.)

_____ **ENTIRE OCL FILE** (\$145)

_____ **VALUE MASTER** (\$310) _____ **TAX MASTER** (\$310) _____ **LANDS AVAILABLE** (\$25-report)

_____ **DELINQUENT TAX CERTIFICATES** (\$145) _____ **DELINQUENT TAX PAYMENT** (\$145)

_____ **OPEN TAX CERTIFICATES** (\$50-report) _____ **COURT REGISTRY** (\$50-report)

_____ **GIS BASIC COVERAGES**-Level 1 (\$175) _____ Level 2 (\$75)

Select Format:

_____ ARCVIEW _____ ARCINFO _____ AUTOCAD. Each additional format(s) \$50.00 _____ **S & H (\$20.00)**

TOTAL COST \$ _____

REQUESTED AREA OR OTHER SELECTION CRITERIA: _____

PAYABLE TO: **BOARD OF COUNTY COMMISSIONERS.**

FORM OF PAYMENT: VISA _____ MASTERCARD _____ CHECK # _____ MONEY ORDER _____

DELIVERY METHOD: PICK-UP _____ AIRBORNE _____ FEDEX _____ U. P. S. _____

IF YOU WANT YOUR ITEM SHIPPED AN ADDITIONAL \$20 CHARGE WILL BE APPLIED.

UNLESS YOU SUPPLY YOUR ACCOUNT #. _____

(P.O. Boxes are not deliverable addresses.)

____ TOTAL REQUESTED ITEMS \$ _____ TOTAL COST DATE CMPLT: _____
COUNTY USE ONLY